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# **REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**

Docket Number (optional)

80121-06507

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: Origin Medsystems, Inc.

and the title of my position with said assignee is: Assistant Secretary

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s): **Stephen A. Morse, Peter L. Callas, Geoffrey A. Orth, Andrew G.C. Frazier, Albert K. Chin**

Patent Number

5,984,937

Date of Patent Issued

November 16, 1999

Title of Invention

**Orbital Dissection Cannula and Method**

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled \_\_\_\_\_

**Orbital Surgical Cannula and Method**

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_ / \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing. **See paragraph 2 below**

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent. **See**

☐ by reason of other errors. **paragraph 1 below.**

At least one error upon which reissue is based is described as follows:

**1. Applicants failed to appreciate broader scope of the invention including other rod-like or shaft-like instruments or endoscopic instruments with operative tips as disclosed in the specification, claims and drawings as filed.**

**2. Spelling errors in the specification and Abstract.**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

[Page 1 of 4]

JC555 U.S. PTO  
10/001416  
11/15/01

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) <b>80121-06507</b>	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) <span style="float: right;">Registration Number</span> <b>Albert C. Smith</b> <span style="float: right;"><b>20,355</b></span>			
Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <input checked="" type="checkbox"/> Customer Number <b>00758</b> </div> <div style="margin-right: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">             Place Customer Number Bar Code Label Here           </div> </div> <div style="margin-top: 10px; text-align: center;"> <i>Type Customer Number Here</i> </div>			
OR			
<input type="checkbox"/>	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) <b>EARL A. BRIGHT II</b>			
Signature		Date <b>11/13/01</b>	
Address of Assignee <b>Origin Medsystems, Inc. 1525 O'Brien Drive, Menlo Park, CA 94025</b>			
Patentee <b>Steven A. Morse</b>		Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>744 Forest Avenue, Palo Alto, CA 94301</b>			
Patentee <b>Peter L. Callas</b>		Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>767 3rd Avenue, Redwood City, CA 94063</b>			
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

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Address			
Address			
City		State	
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name)			
Signature		Date	
Address of Assignee			
Patentee <b>Geoffrey Orth</b>		Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>9145 St. James Place, Windsor, CA 95492</b>			
Patentee <b>Andrew Frazier</b>		Citizenship <b>U.S.A.</b>	
Residence/Mailing Address <b>1046 10th Avenue, Redwood City, CA 94063</b>			
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

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Residence/Mailing Address <b>2021 Newell Road, Palo Alto, CA 94303</b>																															
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